



**REGULATORY LICENSING UNIT
OUT OF STATE FROZEN DESSERT MANUFACTURER
INITIAL / AMENDED LICENSE APPLICATION
(Health and Safety Code, Chapter 440)**

Return the completed application to:
Texas Department of State Health Services
RLU- Food & Drug Licensing, MC-2003
PO Box 149347, Austin, Texas 78714-9347
For Assistance call (512) 834-6727

**M&D- Out of State FD
2004**

License #

(MA) (PL)

Plant Identification Code Issued by Regulatory Agency: _____

NOTE: A current inspection from your regulatory agency must be attached prior to approval.

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

_____/_____/_____
City State Zip Code

Telephone Number at Above Address: (____) _____

INSPECTION FEE - Facilities located beyond the legal boundaries of the State of Texas, which export products into the State of Texas for sale or distribution shall be assessed an inspection fee of \$.015 per hundredweight as stated in 25 Texas Administrative Code Chapter 217, Subchapter E, § 217.91. This includes all frozen desserts manufactured by frozen desserts manufacturing plants. Fees are assessed on a monthly basis and a minimum payment of \$5.00 is required. Permits will become void and products may be suspended for sale in Texas for facilities delinquent more than 3 months on their monthly inspection fees.

List of Products Distributed in Texas (attach an additional list if needed):

Name(s), Address(es), Telephone Number(s) of distribution point(s) in Texas (attach an additional list if needed): _____

VERIFICATION: I swear or affirm that all information in this application is true and correct. I further certify by signature hereon that I am authorized to execute this document on behalf of the corporation, I am not currently delinquent in the payment of any corporation franchise taxes owed the State of Texas under Chapter 171, Tax Code, nor am I delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 440 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

Print Name:

Title: ☐ Owner ☐ President
☐ Partner ☐ Corporate Designee / Agent

**sign
here** ►

Date:

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

- ☐ **New** - Estimated Start Date of Regulated Activity: _____
- ☐ **Change of Ownership** [previous owner: _____ Effective Date: _____]
- ☐ **Amended** - ☐ Change of Location [previous location: _____]
- ☐ Change of Name [previous name: _____]
- ☐ Other: _____
- ☐ Enter the date change was effective: _____
- ☐ **Notice that firm is out of business.** Date: _____
Sign and date. Return for deletion from our records.

WEBSITE/ INTERNET ADDRESS: http://www. _____

MAILING ADDRESS INFORMATION

(The license and inspection billing will be sent to the following billing address)

Mailing Name: _____

Mailing Address: _____

City, State, Zip code: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website listed below for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

**ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED
BEFORE A LICENSE / PERMIT WILL BE ISSUED. Please allow 4-6 weeks for processing.**

Visit our website at: www.dshs.state.tx.us/fdlicense

Please address **correspondence only** to:
Texas Department of State Health Services
RLU, Food and Drug Licensing Group, MC 2835
PO Box 149347
Austin, Texas 78714-9347

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number **or** Federal Identification number.

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Please choose one of the following below and complete.

☐ **SOLE OWNER / PROPRIETORSHIP** (can only be one person)

Name

☐ **PARTNERSHIP**

☐ **LP**

☐ **LLP**

☐ **LTD**

Name of Partnership

Effective Date of Partnership

Name

Name

Name

☐ **UNIVERSITY / COLLEGE**

☐ **COUNTY / DEPARTMENT**

☐ **FAMILY TRUST**

Name

Name

☐ **Corporation** ☐ **LLC**

Date and Place of Incorporation: _____

Corporation Name: _____

Corporation Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

President Name: _____

Officer's Name: _____

Officer's Name: _____

Name of Registered Agent: _____